REGION 7 - CRIB - EPA INSPECTION CONCLUSION DATA SHEET (ICDS) 2007 Form

Inspectors Name: David Giarratano Phone No. : 573 751-2246

1. *Compliance Activity Type: Compliance Inspection

2. *Compliance Monitoring Activity Name: (Facility Name:) Same as No. 5

3. *Compliance Monitoring Type: *Circle one or more of the following choices*:

Clean Air Act (Evaluation for all CAA)
- CAA 112 (r)(7) Desk Audit
- CAA 112 (r)(7) Inspection (1)(2)(3) or refrig))
- CAA 112 General Duty Clause inspection
- CAA CFR Section 68.220 Desk Audit
- CAA CFR Section 68.220 Site Visit
- RMP # _____

TSCA
- Polychlorinated Biphenyls (PCB) Inspection

Emergency Planning and Community Right-To-Know Act
- EPCAR 311/312 Inspection
- EPCRA 313 Data Quality Inspection
- EPCRA 313 Non/Late Reporter Inspection
- EPCRA 304/CERCLA 103 Inspection (Non 313 Inspection)
- TRI # _____
- EPCRA# _____
- NRC # _____
- TSCA inspection # 12220841701 07-09-T-818

4. * Region 7 ICIS/FST Number: _____

5. *Facility Name: Reliable Biopharmaceutical Corporation
   *Street Address: 1945 Walton Road
   *City, State, Zip: Overland Mo 63114

6. Facility Type: Refrigeration Yes No Agriculture Yes No Program (1) (2) (3)

7. ** Date of Inspection: Begin: 12/22/8 End: 12/22/8 (mm/dd/yyyy)

8. *Federal Statutes: CAA EPCRA CERCLA TSCA

9. *Sections: *Circle the regulatory citation(s) that apply to the inspection conducted* : Same as Section 2

10. **Citations: *circle all citations of 40 CFR that were inspected:* 68._____, 302._____, 355._____, 370._____, 372._____, 761._____ Other ____._____.

11. *Programs: No entry needed. This data element is automatically populated by the ICIS data system

12 NAICS Code (5-digit): 325412 (Enter one or more) or **SIC (4-digit) ___ ___ ___ ___

13. Media Monitored: (circle for TSCA only) Land (samples collected) Schools/Buildings/Soil/Equipment

14. *Compliance Monitoring Action Reason: (Circle one of the following) Spill/Accident Report
For Cause Core Program Selected Monitoring Action Random Evaluation or Inspection

5. *Compliance Monitoring Agency Type: EPA State: MO, IA, NE, KS

6. Number of Hours spent physically conducting the activity: 1

7. Compliance Monitoring Action Outcome: Check *one* (if known at the time of the activity):
Administrative____ Immediately corrected____ Judicial____ No violation ✓
No compliance monitoring (access denied)____ No compliance monitoring (facility shutdown)____
Not immediately corrected_____ Notice of Determination____ Under review____ Withdrawn____

Attachment 6

18. **Did you observe deficiencies (potential violations) during the on-site inspection? Yes (No)

19. *If you observed deficiencies, did you communicate them to facility during the inspection? Yes No

20. **Deficiencies Observed: (Check one or more of the following):

_____ Potential violation of a compliance schedule in an enforceable order
_____ Potential failure to maintain a record or failure to disclose a document (recordkeeping violation)
_____ Potential failure to maintain, inspect or repair equipment including meters, sensors, and recording equipment(storage violation)
_____ Potential failure to complete or submit a notification, report, certification, or manifest (manifesting/notification violation)
_____ Potential failure to obtain a permit, product approval, or certification
_____ Potential failure to follow a required sampling or monitoring procedure or laboratory procedure
_____ Potential failure to follow or develop a required management practice or procedure
_____ Potential failure to identify and manage a regulated waste or pollutant in any media (disposal/marking violation)
_____ Potential failure to report regulated events such as spills, accidents, etc.
_____ Potential incorrect use of a material (e.g., pesticide, waste, product, etc.) or use of improper or unapproved material (use violation)
_____ Potential failure to follow a permit condition (s)

21. **Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated to the facility? Yes No

If YES, check only the action(s) actually observed/seen or write in a short description of the action in the Aoptional@ section.

Action(s) taken *(Check all that apply)*

_____ Complete(d) a Notification or Report
_____ Correct(ed) Monitoring Deficiencies
_____ Correct(ed) Record Keeping Deficiencies
_____ Implemented New or Improved Management Practices or Procedures
_____ Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc.) - Corrected(ed) Marking Violation
_____ Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc.)
_____ Request(ed) a Permit Application or Applied for a Permit
_____ Verify (ied) Compliance with Previously Issued Enforcement Action - Part or All Conditions

22. **Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?** Yes No

23. **Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?** Yes No

Note: This form does not require EPA inspectors to provide compliance assistance.

Optional Information: Describe actions taken by the facility or assistance provided to the facility___

_____

_____

_____

Number of Samples_____

Medium Sampled (each sample)_____

Sample Number (each sample)_____

at:_____ Long:_____

ow Determined:_____

or Data Entry Staff Use Only:

ate and initials of person entering data into ICIS (mm/dd/yyyy):_____

13 JAN 2009

Mr. Michael Zaleski
President
Reliable Biopharmaceutical Corporation
1945 Walton Road
Overland, Missouri 63114

NOTICE OF COMPLIANCE
07-09-T-818

Dear Mr. Zaleski:

This notice provides formal notification of the results of the December 22, 2008, inspection of Reliable Biopharmaceutical Corporation, conducted pursuant to Section 11 of the Toxic Substances Control Act (TSCA), 15 U.S.C. § 2601 et seq. The purpose of the inspection was to assess the facility's compliance with the requirements of the Polychlorinated Biphenyls (PCB) Final Rule, 40 C.F.R. Part 761.

On the date of the inspection, it appears the facility was in compliance with the PCB Final Rule.

Please direct any inquiries concerning this inspection or your responsibilities under the PCB Final Rule to my attention at the letterhead address, or you may contact me directly by telephone at (913) 551-7518.

Sincerely,

Mazzie Talley
Life Scientist
RCRA Corrective Action & Permits Branch

Enclosure:
PCB Inspection Report for Reliable Biopharmaceutical Corporation

cc: Mr. Charles Wisdom
Environmental Health and Safety Manager
Robert Krager
Missouri Department of Natural Resources

AWMD/RCAP/Talley/csharp/7848/01/12/09/H:\RCAPBranch\2009 Correspondence\Talley, Mazzie\ ReliableBiopharmaceuticalCorp.pcb.noc.doc
RCAP
MTalley
01/ /09

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 7
901 NORTH 5TH STREET
KANSAS CITY, KANSAS 66101

13 JAN 2009

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Reliable Biopharmaceutical Corporation
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